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Credit Card Payment Form

Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	Visa	MasterCard	American Express	Discover
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Credit Card Account #: **5120 6403 5000 4625**Credit Card Expiration Date: **05/04**Name as It Appears on Credit Card: **CRAIG A. FIESCHKO**Payment Amount: \$(US Dollars): **- 343,00 -**Signature: *Craig Fieschko* Date: **3 SEPT 2003**

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: **2906 FOREST DOWN**

Street Address 2:

City: **FITCHBURG**State: **WI** Zip/Postal Code: **53711**Country: **USA**Daytime Phone #: **608-828-0722** Fax #: **608-831-2106**

Request and Payment Information

Description of Request and Payment Information:

Z- MO. EXTENSION (\$205) ; EXTRA CLAIMS (\$138)

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/1755,747	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 40225000		Identify or Describe Mark	

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